

Farmworker Urgencies and Emergencies



Responding to Emergencies 101

Be Prepared – consider
First Aid and CPR courses

- Check
- Call
- Care



Check

- Assess the situation
- Ask appropriate questions
- Assure the safety of yourself and your team



Call

Know who to call

- your clinic
nurse triage line
- 911
- Poison control
1(800) 222-1222



Care

- Provide medical attention/care at the level in which you are comfortable and trained
- Support the farmworker in their decision making process, if a farmworker feels they need medical attention, you shouldn't attempt to dissuade, but assist as possible





When to Call 911?

- Injuries to head, neck, or back or causing severe bleeding
- Pesticide poisoning with severe symptoms
- Choking or abnormal breathing
- Chest pain, pressure, or discomfort
- Severe pain in abdomen that does not resolve
- Vomiting blood



When to Call 911?

- Potentially life-threatening condition
- Unconsciousness, confusion, altered consciousness
- Seizures which are unusual for patient, or continuous
- Possible stroke: slurred speech, sudden onset of weakness in one side of body
- Heat stroke



Prepare and Protect Yourself!

- Red Cross First Aid and CPR class
- Be sure you have had 3 Hepatitis B vaccines
- Follow universal blood and body fluid precautions (always wear gloves for any possible exposure)
- Bring masks to put on farmworker and self if pronounced cough (duration >3 weeks and/or blood in sputum could be TB), try to minimize time together indoors
- Get annual PPD testing for yourself
- Outreach kit (include plastic bag for clothes and extra set of clothes)
- Consider butyl rubber gloves to protect yourself while decontaminating farmworker (latex gloves are not adequate)

Teach Farmworkers how to access care

- How to call 911 and why
- Help them know their address
- How to access clinic resources, during clinic hours and nurse triage after clinic hours



Most common causes of death among farmworkers

- Motor vehicle injury, especially related to alcohol
- Heat Stroke
- Work injury (machinery, vehicle, fall, lightning)
- Homicide
- Cancer
- Drowning



Case #1: Jaime

Jaime has been applying pesticides. He used a protective suit and respirator. He is brought to you flushed, confused, and lethargic

- Skin: red, hot and dry
- Temperature: 105 degrees
- Pupils: normal
- Mouth: dry





What do you do?

You suspect: Heat Stroke

Medical emergency!!

- Activate EMS
- Give him cool fluids if he is conscious
- Move to a shady or cool environment
- Remove his clothes
- Cool however possible
 - ice packs and sponging with cool water
 - fanning



Case #2: Pedro



- Worked in cucumbers today
- Entered field ahead of the others
- Farmer was still spraying the next field, and Pedro was exposed to drift with unknown chemical
- He wanted to go home to shower and change, but was told to continue picking



Assess

- Weak, slightly confused, vomiting
- Sweating
- Eyes: pinpoint pupils, excess tearing, muscle twitches
- Mouth: drooling



What do you do?

You suspect: Pesticide Poisoning

- Call 911 – warn them that pesticides are involved
- Protect yourself from contamination
- Decontaminate Pedro if possible
- Place contaminated clothes in a bag and seal
- Look for pesticide label, give to ambulance workers





Case #3: Juan

- “Come see Juan – he’s sick too”
- Headache, stomachache, nausea, vomiting, weakness and dizziness
- Onset today at 4 PM



- Priming tobacco since 7:30 AM
- Plants were wet – it rained yesterday
- Worked in T-shirt and jeans without raincoat
- Denies nearby spraying or posted signs in fields



What do you do?

You suspect: Green Tobacco Sickness

- Offer clinic visit
- Hydration, rest
- Prevention education



High Blood Pressure Recommendations

- To be seen **immediately**:

high blood pressure with symptoms of **stroke** (blurred vision, numbness, weakness, severe headache) or **heart attack** (chest pain, shortness of breath) or

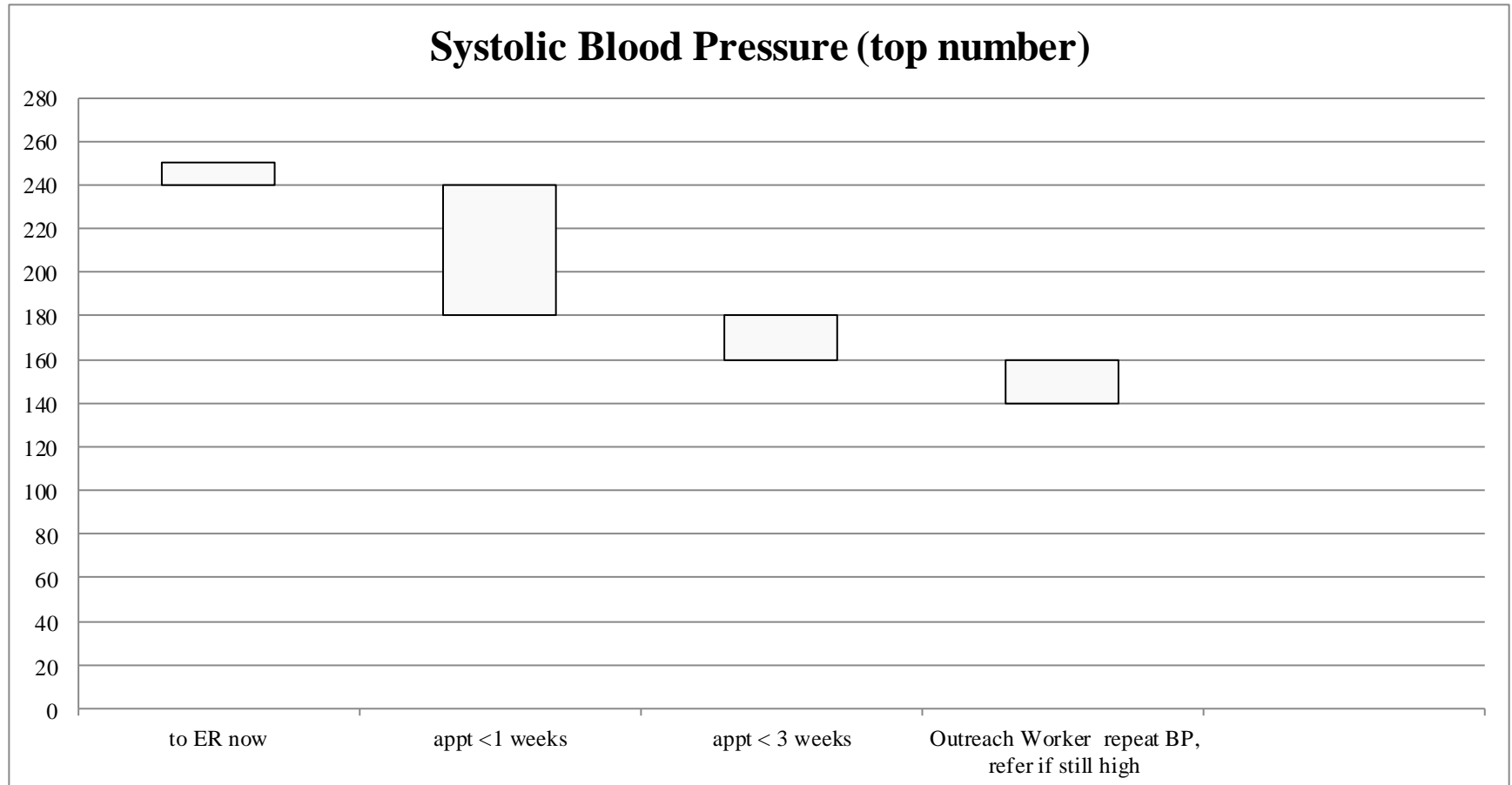
no symptoms and **BP>240/140**

- Remember that an alert and oriented patient will be making their own decisions, you may advise and offer to assist only.

High Blood Pressure Recommendations

- To be seen by provider **within 1 week**
 - no symptoms and **BP>180-240/110-140**
- To be seen by provider **within 3 weeks**
 - no symptoms and **BP=160-179/100-109**
- **Repeat BP** in 1 week and refer if still elevated
 - **BP 140-159/90-99**

Referral for blood pressure



Case #5 Emelda

- You take Emelda's blood pressure during her annual health assessment. Your initial reading is 170/105. She feels fine but admits that she is out of her hypertensive meds.
- What do you do?





You remember to:

- Repeat her blood pressure measurement after she sits quietly for 5 minutes, using proper technique
- Offer to make an appointment for her within the next 3 weeks
- Communicate with the provider, including her Health Assessment so they will have the BP reading you obtained today
- Try to get her a refill to cover her until her appointment if she has been seen within the past year by your provider
- Remind her to bring all medication bottles to each clinic visit (even empty ones)

High blood sugar/glucose recommendations

- To be seen immediately, **any diabetic** with symptoms of significant dizziness, excessive urination, extreme thirst, altered consciousness
- To be seen within 2 days, no symptoms and random blood sugar/glucose >400
- To be seen within 1 month, no symptoms and random blood sugar/glucose > 200
- Note that diabetics who use insulin generally need to be seen more quickly than those who take oral medicines.

What is too low?

- Mostly go by symptoms rather than number
 - Shakiness
 - Sweating
 - Altered consciousness
- Treatment
 - first a small amount of simple sugar for quick effect, like juice
 - then something more that will last longer, like beans or peanut butter
- If unconscious, call 911, treatment is IV glucose or glucagon injection
- If asymptomatic but blood sugar/glucose < 60, no need to refer, but get them something to eat!

Case #6 Maria

- Maria is a seasonal farmworker who you visit at her trailer home for case management.
- She tells you that her blood sugar/glucose this morning was 420.
- What do you do?





You remember to:

- Ask her about symptoms of high blood sugar/glucose

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- Ask her about symptoms of high blood sugar/glucose:
 - Increased frequency of urination
 - Increased thirst
 - Dizziness
- She denies any symptoms and she is alert and oriented
- What do you do?





You remember to:

- Offer to help her make an appointment at the clinic in the next 2 days
- Remind her to bring all medications to next clinic visit
- Remind her to call you when she needs refills (if she needs help obtaining refills)
- Tell her that she and all diabetics should generally be seen every 3 months by their provider
- Tell her that she should be enrolled in Migrant Clinician's Network's HealthNet if she migrates for work